



**2019 Empowerment Retreat Scholarship**

**APPLICATION**

*Before filling out this application, please read the Empowerment Retreat Scholarship information page.*

1. Name of person attending the retreat: \_\_\_\_\_

Are you an adult with spina bifida or other disability:     Yes     No

2. Name of person filling out this application (if different than above):  
\_\_\_\_\_

Relation to person attending the retreat: \_\_\_\_\_

**Contact Information:**

3. Email: \_\_\_\_\_

4. Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Phone (*at least one*): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

6. Preference for notification (*Check one*):     Mail     Email

7. Have you attended this event before?     Yes     No    If so, when? \_\_\_\_\_

8. How will you share what you learn at the conference? *Choose one or more:*

Speak to a group about what you have learned (either in person or teleconference)

Write an article for the SBRN newsletter, the *Empowerment Zone*

Write a testimonial about how the funds helped you achieve your goals that SBRN may use in publications and fundraising materials

Other:

**Essay questions:**

***On a separate sheet of paper, please provide brief answers to the 3 questions listed below. Answers should be no longer than one or two paragraphs (or 250 words).***

- E1. Please tell us why you want to attend the retreat. How will it benefit you?  
What do you hope to learn/achieve by attending?
- E2. How is it related to your disability?
- E3. Why is this scholarship needed financially?

By signing below, I certify that to the best of my knowledge, the information I provided in this application is accurate. I will notify SBRN if my travel plans change or if I am not able to attend the conference. I understand that my application is subject to a review process and available funding, that funding assistance will be in the form of reimbursement for expenditures for attending the event and that funding will not cover all costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I give SBRN permission to use my name, photograph, testimonial and/or general information about my attendance at the event for reproduction in any medium for purpose of public education, advertising, trade, exhibition or editorial use for an unlimited period of time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE THE BUDGET PAGE:

**Budget Information**

Please indicate the expected costs and the amount of funding requested. You will be asked to submit receipts or proof of purchase following attendance at the retreat.

<b><u>EXPENSE CATEGORIES AND CALCULATIONS</u></b>	<b><u>EXPENSES (\$)</u></b>
<b>Registration Fee</b>	\$
<b>Transportation:</b> Driving: # of miles round trip _____ x \$.25 = Airfare _____ Train _____ Bus _____ Other _____	\$
<b>Hotel/Lodging:</b> Cost of room _____ x _____ nights	\$
<b>TOTAL COSTS:</b>	\$
<b>AMOUNT OF FUNDING REQUESTED:</b> Maximum: \$300	\$

**Please submit application and funding request to:**

Spina Bifida Resource Network  
 84 Park Avenue, Suite G-106  
 Flemington, NJ 08822  
 Attn: Retreat Scholarship

Or: [info@thesbrn.org](mailto:info@thesbrn.org) Include "Retreat Scholarship" in the subject line

Or: (908) 782-6102 (FAX)

For more information, call SBRN at (908) 782-7475 or [info@thesbrn.org](mailto:info@thesbrn.org).